RONALD C. LILLEY

US030503

PTO/SB/01 (03-01)

Approved for use through 10/51/2002, OMB 0551-0032

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DECLARATION FOR UTILITY OR

DESIGN

Attorney Docket Number

First Named Inventor

PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN							
		Application Number	1						
	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	Filing Date	CONCURRE	NTLY					
With Initial Fi		Group Art Unit							
,	driueq)	Examiner Name							
As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
SYSTEM FOR CHANGING THE AMPLITUDE OF MOVEMENT FOR A POWER									
TOOTHBRUSH BRUSHHEAD BY CHANGING THE DRIVE FREQUENCY OF THE									
TOOTHBRUSH									
the specification of which (Title of the Invention)									
OR									
was filed on (MM/DD/YY	was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.									
I acknowledge the duty to disclose									
applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 385(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority	Certified Copy	Attached?				
		(MM/DD/YYY) Country	Not Claimed	YES	NO				
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[Page 1]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

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City		State				ZIP			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are purishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST	INVENTOR:	A petition	on has	been f	iled for	this	unsigned inventor		
Given Name R (first and middle [if any])	Ronald C. Family Name LILLEY or Surname								
Inventor's Signature Confliction	c Zille				X Date	3/	116/2004		
Federal Way	/	Washington		United	1 States	./	United States		
Residence: City	<u> </u>	State		Count	try		Citizenship		
35615 6th Ave. SW	•								
Mailing Address			***************************************						
Federal Way		WA		98023	}		us		
City		State		Zip	······································		Country		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name S (first and middle [if any])	cott E.			ily Nam urname		L			
Inventor's Signature					X Date	-3	15/04		
Issaquah		Washington		United	States		United States		
Residence: City		State		Count	try	\perp	Citizenship		
23505 SE 137th St.									
Mailing Address	•								
Issaquah	·	WA		98027			US		
City		State		Zip			Country		
Additional insurance are bei	an named on the fire	onlamental Arleft	Honal Im	contorda)	chanita) E	NOTE:	SRM2A attached hereto		

Country

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DECLARATION — Utility or Design Patent Application Direct all correspondence to: Customer Number 24737 Correspondence address below or Bar Code Label Name Address City State ZIP Fax Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and betief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Family Name Given Name Ronald C. or Surname (first and middle [if any]) Inventors Date Signature United States **United States** Washington Federal Way Residence: City State Country Citizenship 35615 6th Ave. SW **Mailing Address** Federal Way WA 98023 US Country State NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Given Name** Scott E. **Family Name** (first and middle [if any]) or Surname Inventor's Date Signature Washington **United States United States** Issaouah State Country Citizenship Residence: City 23505 SE 137th St. **Mailing Address** WA Issaquah 98027 US

State

City

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Utility or Design Patent Application **DECLARATION -**Customer Number Direct all correspondence to: 24737 Correspondence address below or Bar Code Label Name **Address** ZIP City State Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that withit false statements and the like so made ere punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor **Family Name** GREZ Given Name Joseph W. or Surname (first and middle [if any] Inventor Date Signature **United States United States** Washington North Bend Residence: City State Country Citizenship 10404 428 Ave. SE **Mailing Address** North Bend WA 98045 US State Zip Country City NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) or Surname Inventor's Date Signature State Citizenship Residence: City Country Mailing Address State Country Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.